

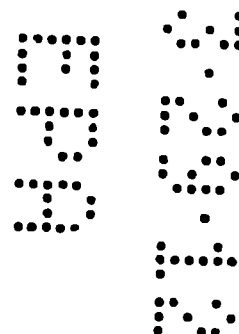
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <i>Patricia Johnston</i>	Submission date: <i>03/28/2012</i>	Contact person (if different than reporter)	Internal ID <i>1-29192635</i>
	Address: <i>Texas</i>	Address:		
	Phone #: <i>(903) 295-0166</i>	Phone #:		
	Incident Status: <i>New</i>	Location and date of incident <i>Texas</i> <i>02/27/2012</i>	Date registrant became aware of incident: <i>2/28/2012</i>	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>100-1306</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) <i>Thiamethoxam</i>	A.I. (s)	A.I. (s)	
	Product 1 Name <i>Optiguard Flex Liquid</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation- <i>Liquid</i>	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Workplace</i>		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			



**2/28/2012 12:21:56 PM Optigard Flex
EPA Reg. 100-1306**

Caller is a PCO. She states they sprayed a bank yesterday and one of the employees is c/o of sxs. Caller states they have used the product in the past, and that the employee frequently complains of sxs whenever they treat the bank. Caller states they sprayed the product well away from the employee's desk (30 feet) at the end of the day right before the employee in question left for the day. Employee is now c/o of difficulty speaking, hives all over her body and that her throat is raw. Product was diluted to 0.1% at time of use. Caller thinks patient is about 55 yo. Patient told caller she felt she inhaled the product. Per caller, patient is allergic to everything. Caller does not know if the patient has any pre-existing resp issues.

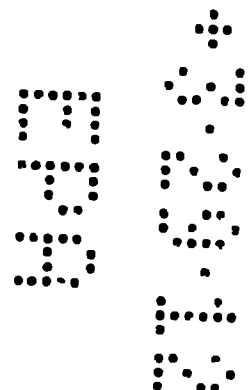
How can they prevent this from happening again? Wouldn't the bank have been ventilated sufficiently overnight?

A: Typically with an inhalation exposure:

- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.**
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.**
- Once someone is removed from the source of the fumes and placed in an area with fresh air and adequate ventilation we would expect sxs to resolve.**
- The bank may or may not have been ventilated overnight. Ventilation now by opening outside doors and windows or adding portable fans could help.**
- Patients who smoke or have underlying respiratory conditions may experience more pronounced symptoms that require medical attention.**
- Allergic reactions are hard to predict and the patient may or may not have an unrecognized sensitivity to one of the active or associated ingredients in a given product.**
- Persons with allergies can react to many things in their environment and the patient have be having a reaction to something else**
- Even with extensive allergy testing sometimes the source of an allergic reaction cannot be identified**
- To prevent a reaction in the future consider discontinuing the product, spraying during off hours on the weekends when the employee is not present, etc.**

3/2/2012 1:14:11 PM PROSAR CB#1 - LM on VM with case# and CB#. Reset CB.

3/2/2012 1:38:39 PM Patricia is returning our CB. She states that she doesn't have any new information. She said the employee already had a rash before the exposure so this very well could be from something else. If she gets anymore information about this she will call us back to update the case.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>55 Years</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Unable to determine</i>	List signs/symptoms/adverse effects. <i>Hives/Welts, 24 hrs or less;</i> <i>Throat Irritation, 24 hrs or less;</i> <i>Other miscellaneous - difficulty speaking, 24 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

